	Substitute for Form PTO-875								
API	APPLICATION AS FILED - PART I								
	(000(00) 1)								
FOR	Million				ENTITY	OR	OTHER THAN SMALL ENTITY		
BASIC FEE (37 CFR 1.15(a), (b), or (c))	DENTILED	NUMBER EXTE	<u>u</u>	RATE (\$)	555.00	1 _	SMALL	ENTITY	
SEARCH FEE (37 CFR 1.16(a), 0), or (mi)	<del> </del>			- 14/	FEE (\$)	L	RATE (\$)	FEE (\$)	
E E A MINA TION			$\neg$		<del> </del>			147	
(37 CFR 1.18(o), (p), or (q)) TOTAL CLAIMS			<b>→</b>    -						
(J/ CFR 1.16(l))								·	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 20 +	·	_     x						
	mkus 3 =	•				OR X			
APPLICATION SIZE	If the specification and consheets of paper, the applies \$250 (\$125 for small)	lawings exceed 1	00   ×			×			
(37 CFR 1 16(s))	"Conor Size lee de	1 I a	- 1						
	35 U.S.C. 41/2/(1/C)	action thereof. Se	.	- 1	- 1	- 1	1		
MULTIPLE DEPENDENT CL	35 U.S.C. 41(a)(1)(G) an	d 37 CFR 1.16(s).		- 1		ı	- 1	1	
* II the differen	SUMPRESENT (37 CFR 1.16	(in				<b>-</b>			
* If the difference in column t	is less than zero, enter 'O' in	Column 2				L	- 1		
APPLICATION	ON AS AMENDED P	TO	TAL			OTAL			
· · · · · · · · · · · · · · · · · · ·		ART II					UIAL L		
(Colum		mn 2) (Column 3						1	
<     /   /   /     REMA	INING HIGH	EST	)SI	MALL ENT	TITY (	OR .	OTHER TH	IAN	
Z AFT	ER PREVIO	USIY CYTO	RATE	(5)	ADDI:		SMALL ENT	TITY	
N Total :	Minus	OR	$\Pi$	T	IONAL	RAT	E (\$)	ADDI-	
Independent (37 CFR + 16(n))		7 / 2	] [.a.		EE (S)	<u> </u>		TIONAL FEE (\$)	
	Minus	= 1			OR	1 5		50.02	
Application Size Fee (37 C	FR 1 16(s))		1 1/100		OR				
THESE PRESENTATION OF M	ULTIPLE DEPENDENT CLAIR	(3) CER	<b> </b>			-	~	200.00	
		160/		_	OR				
(6-1			TOTAL ADD'L FE			TOTAL	<del></del>		
(Column	(Column	2) (Calumn 3)		٠ ـــــ	OR	ADD'L F	EE		
COAINS REMAININ AFTER AMENDAE W Inagrenden Inagrenden Application Size Fee (3: CFR	NUMBER	PRESSUR				_			
AMENDALE	NT PREVIOUS	520	RATE (S)			Barc			
S 32 C(8 1 15(1)	Alinus "30		<b></b>	FEE	VAL	RATE (		DDI. INAL	
N (3, Cra 1 th/m)	filinus		Ls .				FEE	(\$)	
Application Size Fee (37 CFR	1 16(4)		λ .	1-1	OR	x	1		
FIRST PRESENTATION OF MULT	10:5		<u>                                     </u>	+	OR	x	.   [		
	TE DEPENDENT CLAIL (37	CFR I IBUII		1	<del></del>				
			TOTAL	+	OR	_	+T		
If the entry in column 1 is less t		TOTAL ADO'L FEE	1 1	OR	TOTAL	+-+-			
If the entry in column 1 is less than the entry in column 2, while 10 in column 3.  If the "Highest Rumber Previously Paid For" IN THIS SPACE is less than 20, enter 20.  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  is collection of information is required." (Total or independently the bit.									
is collection of information is remine	Paid For (Total or Independ	is less than J. enter	.3.	'	L		+		

If the 'Highest Number Previously Paid For Int THIS SPACE is less than 20, enter '20'

The 'Highest Number Previously Paid For Int THIS SPACE is less than 3, enter '20'

The 'Highest Number Previously Paid For (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1 16. The information is required to obtain or retain a benefit by the public which is to file land by the including gainering, prevaring, and submitting the completed application form to the USPTO Time will vary depending upon the individual case Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

Appress SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## AdQD 3 INVITATION OF DOCKET Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I							•	SMALL ENTITY			OTHER THAN	
TOTAL OLAMAS		(Column 1)		(Column 2)		1 .	TYPE [		OR	SMALL ENTITY		
TOTAL CLAIMS		J¢.			· .		RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		24 minus 20= *		· cf			X\$ 9=		OR	X\$18=	72	
INDEPENDENT CLAIMS			3 minus 3 = *		•	0		X42=		OR	X84=	·
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	ı	TOTAL		OR	TOTAL	812
	С	LAIMS AS A	MENDED - PART II						•	OTHER	THAN	
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	###	CLAINA	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>'</b> [	+140=		OR	+280=	
TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								WD11.1 LL (				
AMENDMENT B	1995.	CLAIMS REMAINING		HIGH NUM	EST	PRESENT	l		ADDI-			ADDI-
	4.7.	AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		-		X42=	-	OR	X84=	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+280=			
TOTAL ADDIT FEE OR									TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<b>t</b>	<b>]</b>	X42=		ı	X84=	
<u> </u>	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		]	745-		OR	704-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							OR	+280=				
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												